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DATE: June 28, 2005

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NAME: Alissa L. Hoey

FAX: 703-872-9306

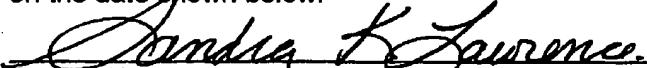
CLIENT/MATTER: 60005161-0018

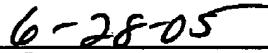
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Sandra K. Lawrence.


  
Date

Type of Paper transmitted: AMENDMENT UNDER 37 C.F.R. §1.111

Applicant's Name: Bradley T. Thach

Serial No. (Control No.): 10/632,282 Examiner: Alissa L. Hoey

Filing Date: August 1, 2003 Art Unit: 3765

Application Title: GARMENT FOR PREVENTING A BABY FROM ROLLING OVER

Original will NOT be mailed

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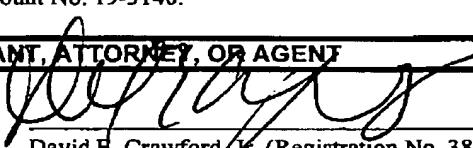
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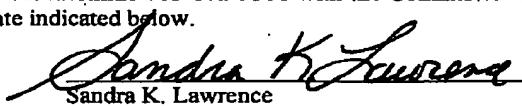
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<b>TRANSMITTAL FORM</b>		Application Number <b>10/632,282</b>
(to be used for all correspondence after initial filing)		Filing Date <b>August 1, 2003</b>
Total Number of Pages in This Submission		First Named Inventor <b>Bradley T. Thach</b>
		Group Art Unit <b>3765</b>
		Examiner Name <b>Alissa L. Hoey</b>
		Attorney Docket Number <b>60005161-0018</b>

<b>ENCLOSURES (check all that apply)</b>																																									
<input checked="" type="checkbox"/> Transmitted herewith is Amendment Under 37 C.F.R. Section 1.116 <input checked="" type="checkbox"/> The fee has been calculated as shown below:																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">(1) NUMBER OF CLAIMS</th> <th style="text-align: center; padding: 2px;">(2) CLAIMS REMAINING AFTER AMENDMENT</th> <th style="text-align: center; padding: 2px;">(3) NUMBER OF CLAIMS PREVIOUSLY PAID FOR</th> <th style="text-align: center; padding: 2px;">(4) HIGHEST NO. PREVIOUSLY PAID FOR</th> <th style="text-align: center; padding: 2px;">(5) PRESENT EXTRA</th> <th style="text-align: center; padding: 2px;">(6) RATE</th> <th style="text-align: center; padding: 2px;">(7) ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">TOTAL CLAIMS</td> <td style="text-align: center; padding: 2px;">10</td> <td style="text-align: center; padding: 2px;">-</td> <td style="text-align: center; padding: 2px;">27</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;"> <input checked="" type="checkbox"/> x \$25.00  <input type="checkbox"/> x \$50.00         </td> <td style="text-align: center; padding: 2px;">\$0</td> </tr> <tr> <td style="padding: 2px;">INDEPENDENT CLAIMS</td> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;">-</td> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"> <input checked="" type="checkbox"/> x \$100.00  <input type="checkbox"/> x \$200.00         </td> <td style="text-align: center; padding: 2px;">\$0</td> </tr> <tr> <td style="padding: 2px;"></td> <td colspan="3" style="padding: 2px;">APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.</td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> x \$180.00  <input type="checkbox"/> x \$360.00          ONE TIME       </td> <td style="text-align: center; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;"></td> <td colspan="4" style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</td> <td style="text-align: center; padding: 2px;">\$0</td> </tr> </tbody> </table>							(1) NUMBER OF CLAIMS	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER OF CLAIMS PREVIOUSLY PAID FOR	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	TOTAL CLAIMS	10	-	27	0	<input checked="" type="checkbox"/> x \$25.00 <input type="checkbox"/> x \$50.00	\$0	INDEPENDENT CLAIMS	3	-	3		<input checked="" type="checkbox"/> x \$100.00 <input type="checkbox"/> x \$200.00	\$0		APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$180.00 <input type="checkbox"/> x \$360.00 ONE TIME	\$						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$0
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					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$0																																			
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by one month(s) for a fee of \$_____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321. <input type="checkbox"/> The amount of \$65.00 for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed credit card payment form to charge. <input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$_____ to cover the total claim fee and other applicable fees. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the extension fee and any additional fees which may be required, or to credit any overpayment to Account No. 19-3140.																																									
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>																																									
14. <input checked="" type="checkbox"/> Customer No. 26263  Dated: June 28, 2005																																									
David E. Crawford, Jr. (Registration No. 38,118)																																									

<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being filed via facsimile 703-872-9306 with the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.	
Dated: June 28, 2005	
 Sandra K. Lawrence	

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Bradley T. Thach

Group Art Unit: 3765

Application No.: 10/632,282

Examiner: Alissa L. Hoey

Filed: August 1, 2003

For: Garment for Preventing a Baby  
From Rolling Over

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**AMENDMENT UNDER 37 C.F.R. § 1.111**

In response to the Final Office Action dated May 26, 2005, please  
consider the following amendments and remarks: